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**OFFICE OF QUALITY PROFESSIONALS AND SPECIAL SCHOOLS**  
**Summary of State Board of Education Agenda Items**  
**June 21-22, 2007**

**EDUCATOR LICENSURE**

26. Approval to begin the Administrative Procedures Act Process: To Revise the Vocational Guidelines for Business and Computer Technology as recommended by the Commission on Teacher and Administrator Education, Certification and Licensure Development

Specifications:

The current vocational guideline for this license requires that the educator first hold a standard license in Business Education (105) before adding the endorsement for BCT. The Business and Computer Technology (BCT) endorsement (310) can be added by completing 2 specific courses – 3 hrs of History or Principles of Vocational Education, and 3 hrs of Methods of Teaching Business and Computer Technology. The guidelines also require that the educator submit an Institutional Program Verification form (IPV) signed by the dean or certification officer at one of the institutions approved to offer BCT. At this time, MS only has two programs in the state approved to offer BCT. Today's recommendation is to remove the IPV signature requirement and allow BCT to be added to the Business Ed license by completing the two specified courses.

Rationale:

Vocational Business Technology courses such as, Business and Computer Technology I & II, Computer Programming Technology I & II, require the 310 BCT endorsement for vocational teachers to teach these courses. With present licensure guidelines, MS educators can only obtain this endorsement at Mississippi State University and Alcorn State University. These are the only two institutions currently approved to add this endorsement, although other institutions do offer the two required courses. This provides a geographical hardship on educators that need to add this endorsement to their license. If the Institutional Program Verification signature requirement is removed from this guideline, many educators can take the two required courses at offering institutions and add the BCT endorsement to their Business Education standard license.

Vocational licensure guideline policy for Business and Computer Technology attached.

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Backup Material: Attached

Recommendation: Approval

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### 310 Business and Computer Technology

This endorsement licenses a person to teach the following secondary courses:

- This is an "add on" endorsement that may be earned only by persons who hold a currently valid Mississippi Educator License with endorsement #105—Business Education. A #310 endorsement allows a person to teach the following courses:

070701	Business & Computer Technology I
070301	Business & Computer Technology II
070390	Computer Programming Technology I
070391	Computer Programming Technology II

The following development courses at Columbus Public Schools only:

070311	Computer Information Technology
070307	Business Finance and Consumer Technology
070309	Integrated Computer Technology
070305	Business Computer Applications

This endorsement requires the following education and related assessment(s) of that education:

- Currently valid Mississippi Educator License with endorsement in Business Education #105.

This endorsement requires the following occupational experience and related assessment(s) of that experience:

- Bachelor degree in Business Education is sufficient occupational experience.

This endorsement requires the following teacher education preparation and related assessment(s) of that education:

- Applicant must hold a currently valid Mississippi Educator License with an endorsement #105—Business Education.
- Applicant must complete two, three-credit-hour courses, or two workshops, or two education modules ~~approved by MDE/OVEWD~~. The courses, workshops and/or modules ~~must be approved prior to offering and~~ consist of: 1) Methods of Teaching BCT, and 2) History and Philosophy or Principles of Vocational Education.
- If ~~approved~~ courses are taken to fulfill this requirement, the teacher education institution must provide an ~~"Institutional Recommendation" with academic transcript for the applicant~~ official academic transcript showing the courses with a grade of "C" or higher to add a 310 endorsement to a currently valid 105 license.

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- If approved workshops or modules are taken to fulfill this requirement, a "certificate of completion" for each is required for the applicant to add a 310 endorsement to a currently valid '05 license.



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Form #OEL 09-06, Sec. A, page 3

- ☉ Licensure Application
- ☉ Certificate of Completion from MAPQSL Nine Saturday Practicums
- ☉ Completed Mentorship form
- ☉ SLLA score report (original)

### DUPLICATES

#### Requesting a Duplicate License

- ☉ Licensure Application (Form #OEL 09-06, Sec.B)
- ☉ \$5 Money Order payable to MDE Office of Educator Licensure (*No Personal checks accepted.*)

### SUPPLEMENTAL ENDORSEMENTS

#### Supplemental Endorsements (*Only added to three-year and five-year licenses.*)

- ☉ Licensure Application (Form #OEL 09-06, Sec.B)

#### **AND one of the following:**

- ☉ Transcripts (*Sealed*) *\*In order to ensure accuracy and expedite your request, it is recommended that you submit new sealed transcripts of coursework in the specific endorsement area requested. Microfilmed records are sometimes unreliable.*

#### **OR**

- ☉ Original Praxis II Test Score (*score report will be returned*)

#### **OR**

- ☉ Documentation of completion of MDE approved Competency-Based Training Program

#### **OR**

- ☉ Institutional Program Verification (Form #OEL 09-06, Sec.C) *\*Examples of endorsements requiring this form include Remedial Reading, Gifted, Computer Applications, Driver's Ed., English as a Second Language, Health, Special Ed., Physical Science, Vocational Guidance, and Cooperative Ed., ~~and Business and Computer Technology.~~*

**Sealed transcript showing approved program coursework should be included with IPV form**

### RENEWAL/REINSTATEMENT

#### Renewal of Five-Year License

- ⊕ Licensure Application (*Form #OEL 09-06, Sec.B*)

**AND**

- ⊕ Transcripts (*sealed*) **AND/OR**
- ⊕ Original documentation showing completion of continuing education units (CEU's) in content or job/skill related area. (*Copies are not accepted*) **OR**
- ⊕ Documentation showing completion of National Board for Professional Teaching Standards process. (*Documentation must be dated within the current renewal cycle.*) **OR**
- ⊕ Original documentation showing completion of SEMI credits or completion of a specialist or doctoral degree in educational administration/leadership (*Applies only to Career Level Administrators*)

**Please Note:** All renewal coursework, CEU credits, National Board Documentation, or SEMI Credits must be dated within the current renewal cycle. For example, if the current validity dates are 7/1/2004 to 6/30/2009, coursework must be taken within those dates. Furthermore, if the current validity dates are in the future, renewal credits must be earned after the beginning validity date.

**\_\_\_Reinstatement of Expired Five-Year License**

- ⊕ Licensure Application (*Form #OEL 09-06, Sec.B*) **AND**
- ⊕ Transcript(s) (*sealed*), documenting required coursework for reinstatement **OR**
- ⊕ Official document(s) verifying retirement from service in Mississippi public schools **OR**
- ⊕ Original, valid, out-of-state educator license (*Photocopies are not accepted.*)

## Licensure Application

(Must be LEGIBLY completed and submitted with all licensure requests.)

### Applicant Information

### Licensure Request

### Character Determination

I acknowledge that securing or attempting to secure a license by fraud or deceit will result in denial of this application or suspension of the license.

Signature: \_\_\_\_\_

Date \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle/Maiden

Address: \_\_\_\_\_

Street/P.O. Box Apt.# \_\_\_\_\_

City State Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Birthdate \_\_\_\_\_

Gender \_\_\_\_\_

**Ethnicity:** (Ethnicity information is used for statistical purposes and to provide information required by the U.S. Department of Education in

accordance with applicable federal regulations. Your cooperation in providing this information is appreciated.)

☐ American Indian ☐ Alaskan Native ☐ Asian ☐ Black—non-Hispanic

☐ White—non-Hispanic ☐ Hispanic ☐ Pacific Islander ☐ Other

### Class of license for which you are applying:

\_\_\_ A (Bachelor) \_\_\_ AA (Master) \_\_\_ AAA (Specialist) \_\_\_ AAAA (Doctorate)

\* Note: Any license with a validity period less than 5 years is issued at the Class A level.

### Type of License (See *Licensure Checklist* for descriptive information.)

\_\_\_ Approved Program/Teacher Education Route \_\_\_ Duplicate

Subject Area (s): \_\_\_\_\_ Reciprocity

\_\_\_ Alternate Route \_\_\_ Renewal

Subject Area (s): \_\_\_\_\_ Reinstatement

\_\_\_ Supplemental Endorsement Subject Area(s) \_\_\_\_\_

\_\_\_ Administrator License (Check level of license) \_\_\_ Non-practicing \_\_\_ Entry \_\_\_ Career

\_\_\_ Local District Request (*Requested by Local District Only*) \_\_\_ One Year License \_\_\_ Expert Citizen

### Military

### Experience

(Check, if applicable)

\_\_\_ Army

\_\_\_ USAF

\_\_\_ Navy

\_\_\_ USMC

\_\_\_ Reserve

\_\_\_ MSNG

\_\_\_ Coast Guard

Form #OEL 09-06, Sec. B

Check "yes" or "no" to the left of each question. \*If yes, submit official copies of court record including disposition of case.

☐yes ☐no Are you currently addicted or currently dependent on alcohol?

☐yes ☐no Are you currently addicted or currently dependent on other habit-forming drugs?

☐yes ☐no Are you a habitual user of narcotics, barbiturates, amphetamines, hallucinogens, or other drugs having similar effects?

☐yes ☐no Have you been convicted, pled guilty, or entered a plea of *nolo contendere* to a felony as defined by

federal or state law?\*

☐yes ☐no Have you been convicted, pled guilty, or entered a plea of *nolo contendere* to a sex offense as defined

by federal or state law?\*

☐yes ☐no Have you had a certificate/license denied, suspended, and/or revoked by another state? Have you

voluntarily surrendered a certificate/license?

*\*If you answered "yes" to any of the above, provide on a separate sheet of paper the specifics or an explanation for the response. If you elect not to provide specifics or if such an explanation is insufficient, a confidential investigation will be initiated.*



## **INSTITUTIONAL PROGRAM VERIFICATION**

### **To the Applicant:**

**Submit this form to the Dean of Education** of the institution at which the program has been completed.

Institutional Program Verifications are not required for all licenses.

Institutional Program Verifications are required for the following:

- ♦Administration ♦Health Education ♦Gifted
  - ♦Computer Applications ♦Physical Science ♦Cooperative Education
  - ♦Master of Arts in Teaching Program ♦Remedial Reading ♦Visually Impaired
  - ♦English as a Second Language ♦Severe Disability *(added to 221 only)*
  - ♦Library Media *(only if planned program)* ♦~~Business and Computer Technology~~ *(added to 105 only)*
  - ♦Vocational Guidance *(added to 436 only)* ♦Mild/Moderate Disability Program
  - ♦Occupational Child Care, Aging Services, Clothing, or Food Production Management
- (Each of the above added to 321 or 322 only)*

### **To the Dean of the School of Education:**

Please complete this form and **return to the applicant for inclusion in the application packet.**

\* \* \* \* \*

### **For OEL Office Use Only**

**(Applicant is not to write in this section.) License Number:**

Class	Type	Class	Type
Endorsement		Endorsement	
Valid From:	To:	From:	To:
By:	Date:	By:	Date:

